

BluePreferred[®] Saver

Benefit Summary
For Individuals

Discover all the shades of Blue.



An Independent Licensee of the Blue Cross and Blue Shield Association

azblue.com

PPO PLAN Benefit Summary | BluePreferred® Saver

Your out-of-pocket costs will differ, depending on the type of provider you select.

PREFERRED (PPO) PROVIDERS

These providers have signed a “Preferred Agreement” to accept the BCBSAZ allowed amount as payment in full and will file claims for you. You have lower out-of-pocket costs (e.g., deductibles, coinsurance, and copays) when you use Preferred providers.

Preferred providers are also available outside Arizona. To locate BlueCard® PPO providers, call (800) 810-BLUE or check the BlueCard Doctor & Hospital Finder at bcbs.com.

NONPREFERRED PROVIDERS

You pay a separate – and higher – deductible and coinsurance when you use nonPreferred providers. In addition, preventive care benefits are not covered at nonPreferred providers (except mammography services). There are two types of nonPreferred providers:

Participating only providers — have signed a “Participating Agreement” to accept the BCBSAZ allowed amount as payment in full and will file claims for you.

Participating providers are also available outside Arizona, and some participating hospitals are available outside the U.S. To locate BlueCard providers, call (800) 810-BLUE or check the BlueCard Doctor & Hospital Finder at bcbs.com.

Noncontracted providers — have no agreement with us and may not accept the BCBSAZ allowed amount as payment in full nor file claims for you. With noncontracted providers, in addition to your nonPreferred deductible and coinsurance, you are responsible for the difference between the provider’s billed charges and the BCBSAZ allowed amount. This difference may be substantial.

	PREFERRED PROVIDER	NONPREFERRED PROVIDER
Calendar-Year Deductibles Per Person Family	\$2,600 and \$5,000 \$5,150 and \$10,000	\$3,100 and \$5,500 \$5,650 and \$10,500
	NonPreferred deductibles are accumulated separately from Preferred deductibles.	
Coinsurance Coinsurance is based on the BCBSAZ allowed amount for covered services. The BCBSAZ allowed amount is generally calculated using the lesser of billed charges or the applicable BCBSAZ fee schedule, including any contractual arrangements.	After you pay your Preferred calendar-year deductible, BCBSAZ pays 80% or 100% , depending on your plan, of the BCBSAZ allowed amount for most covered services. The \$2,600 per person/\$5,150 family plan option is available with either 80% or 100% coinsurance coverage after meeting the Preferred deductible. The \$5,000 per person/\$10,000 family plan option is available with 100% coinsurance. Please note: On the \$2,600 deductible options, some services are covered at 50% coinsurance (outpatient mental health, inpatient rehabilitation, and skilled nursing facility) and continue to accumulate toward the out-of-pocket maximum, even after the deductible is met.	After you pay your nonPreferred calendar-year deductible, BCBSAZ pays 50% of the BCBSAZ allowed amount for covered services. You pay the remaining 50% of the BCBSAZ allowed amount. If a noncontracted provider is used, you will also be responsible for the difference between the provider’s billed charges and the BCBSAZ allowed amount.

	PREFERRED PROVIDER	NONPREFERRED PROVIDER
<p>Out-of-pocket maximum The nonPreferred out-of-pocket maximum is accumulated separately from the Preferred out-of-pocket maximum.</p> <p>Deductible, coinsurance, copayments and access fees apply to the applicable out-of-pocket maximum. Additional deductibles for failure to obtain precertification do not apply to the out-of-pocket maximum.</p>	<p>\$5,000 self only or \$10,000 per family. After you reach the out-of-pocket maximum expense, BCBSAZ pays 100% of the BCBSAZ allowed amount for covered services for the remainder of the calendar year.</p>	<p>\$10,000 self only or \$20,000 per family. After you reach the out-of-pocket maximum expense, BCBSAZ pays 100% of the BCBSAZ allowed amount for covered services for the remainder of the calendar year.</p>
<p>Professional services</p>	<p>Services are subject to the applicable deductible and any applicable coinsurance. Covered services include doctor's office visits and inpatient consultations, surgeon and anesthesiologist services, diagnostic lab and X-ray services.</p>	
<p>Preventive care</p>	<p>Services are subject to any applicable coinsurance. The deductible does not apply to preventive care services.</p> <p>Preventive care services include annual physical exams and related tests and screenings, well-child care, routine immunizations, annual gynecologic exams, routine mammograms and routine sigmoidoscopy or colonoscopy.</p>	<p>Preventive care is not covered at nonPreferred providers, except for routine mammograms.</p> <p>When mammograms are provided by nonPreferred providers, the deductible does not apply and BCBSAZ pays 50% of the BCBSAZ allowed amount.</p>
<p>Maternity care</p>	<p>Covered services are subject to the applicable deductible and any applicable coinsurance. Only complications of pregnancy are covered; normal maternity care and delivery are not covered.</p>	
<p>Prescription drugs Most injectable drugs are only available from home health providers and specialty pharmacies, and require precertification.</p> <p>For certain prescription drugs, FDA dosage limitations may apply.</p> <p>Mail order program is not available.</p>	<p>Services are subject to the deductible.</p> <p>For the 80% coinsurance plan: Member pays the greater of any applicable coinsurance or a \$5 copayment.</p> <p>When the price BCBSAZ pays a contracted pharmacy for a covered drug or the member's coinsurance for a covered drug is less than a \$5 minimum copay, most pharmacies will charge you their usual and customary price (if also less than the \$5 minimum copay or the member's coinsurance), rather than the BCBSAZ price or coinsurance payment. Some pharmacies may charge you the BCBSAZ price or your coinsurance payment when it is less than the \$5 minimum copayment.</p> <p>Note: The \$5 minimum copay requirement does not apply to the 100% coinsurance plans.</p>	<p>After meeting the deductible, BCBSAZ pays 50% of the BCBSAZ allowed amount per prescription. Member will also be responsible for the difference between the pharmacy's price and BCBSAZ's reimbursement at non-contracted providers.</p> <p>Members must pay for prescriptions at noncontracted pharmacies and submit claims to BCBSAZ.</p>
<p>Specialty injectable drugs (Must be precertified.)</p> <p>Injectable drugs are also available from home health providers.</p> <p>Specialty injectable drugs are not available from retail pharmacies.</p>	<p>Services are subject to applicable deductible and any applicable coinsurance.</p> <p>Please refer to azblue.com for a listing of specialty injectable drugs and contracted specialty pharmacies.</p>	<p>Specialty injectable drugs are only available from nonPreferred providers through the home health benefit. Deductible and coinsurance apply.</p>

	PREFERRED PROVIDER	NONPREFERRED PROVIDER
Hospital services (Must be precertified, except for emergencies.)	Services are subject to the applicable deductible and any applicable coinsurance. Covered services include room and board, special care units, operating and recovery room, diagnostic testing, blood transfusions, radiation therapy or chemotherapy and anesthesia.	
Outpatient services (Must be precertified.)	Services are subject to the applicable deductible and any applicable coinsurance.	
Urgent care facility services	Services are subject to the applicable deductible and any applicable coinsurance.	
Emergency room services	Services are subject to the Preferred deductible and any applicable coinsurance. There is also a \$100 access fee per visit, but it is waived if you are admitted.	
Ambulance	Services are subject to the Preferred deductible and any applicable coinsurance.	
Inpatient rehabilitation (Must be precertified.)	Services are subject to the deductible. The first 60 days are subject to any applicable coinsurance. After 60 days, BCBSAZ pays 50% of the BCBSAZ allowed amount up to an additional 60 days.	Services are subject to the deductible, then BCBSAZ pays 60% of the BCBSAZ allowed amount for the first 60 days. After 60 days, BCBSAZ pays 50% of the BCBSAZ allowed amount up to an additional 60 days. Limited to 120 days per calendar year.
Outpatient rehabilitation therapy "Modalities" are physical agents such as traction and ultrasound. "Therapeutic services" means the application of clinical skills/ services such as exercise and gait training.	Services are subject to the applicable deductible and any applicable coinsurance. Outpatient physical and/or occupational therapy: Services limited to 120 modalities per calendar year. The average number of modalities or therapeutic services performed per visit is 4. Chiropractic services: Physical and/or occupational therapy services performed by a chiropractor count toward the limit described above. Outpatient speech therapy: Services limited to 20 visits per calendar year.	
Home health care (Must be precertified.)	Services are subject to the applicable deductible and any applicable coinsurance. Up to 3 visits of 2 hours or less per day. Certain injectable drugs are also available through the specialty drug benefit.	
Skilled nursing facility (Must be precertified.)	Services are subject to the deductible. The first 90 days are subject to any applicable coinsurance. After 90 days, BCBSAZ pays 50% of the BCBSAZ allowed amount up to an additional 90 days.	Services are subject to the deductible, then BCBSAZ pays 60% of the BCBSAZ allowed amount for the first 90 days. After 90 days, BCBSAZ pays 50% of the BCBSAZ allowed amount up to an additional 90 days. Limited to 180 days per calendar year.

	PREFERRED PROVIDER	NONPREFERRED PROVIDER
Behavioral and mental health services (Inpatient care must be precertified.)	<p>Professional services: Covered inpatient and outpatient services and outpatient facility services. Benefits are limited to 20 combined outpatient visits per person per calendar year.</p> <p>Preferred provider: Services are subject to the deductible, then BCBSAZ pays 50% of the BCBSAZ allowed amount.</p> <p>Inpatient facility charges: Benefits are limited to two admissions, up to a combined total of 30 days per person per calendar year.</p> <p>Preferred facility: Services are subject to the deductible and any applicable coinsurance.</p> <p>\$25,000 per person maximum benefit while the contract is in force.</p>	<p>NonPreferred provider: Services are subject to the deductible, then BCBSAZ pays 50% of the BCBSAZ allowed amount.</p> <p>NonPreferred facility: Services are subject to the deductible, then BCBSAZ pays 50% of the BCBSAZ allowed amount.</p>
Contract benefit maximum	\$3,000,000 maximum benefit per person while the contract is in force.	

Medical necessity

For services to be covered by these benefit plans, they must be considered medically necessary by BCBSAZ, based on specific criteria that is available to you upon request. Where benefits are provided by a third-party administrator, such as the behavioral services administrator, the third-party administrator may determine medical necessity based on its own criteria, which is also available upon request.

Precertification is required for some services

If precertification is not obtained, your benefits may be subject to an additional \$300 deductible or denial of benefits. Your provider must call for precertification at (602) 864-4320 or (800) 232-2345. Please refer to the precertification requirements in your contract booklet, which will be sent to you upon enrollment, or upon request prior to enrollment.

Exclusions and Limitations

The following is a partial list of conditions and services that are limited or excluded. A complete list of all benefits, limitations and exclusions can also be found in the contract booklet, which will be sent to you when you enroll, or upon request prior to enrollment. Expenses for services that exceed benefit limitations are not covered. In addition, no benefits will be paid for expenses associated with the following:

- Abortions, except as stated in the contract
- Activity therapy
- Acupuncture
- Alternative medicine, nontraditional or alternative medical therapies, including but not limited to naturopathic and homeopathic medicine, diet therapies, nutritional or lifestyle therapies, aromatherapy
- Biofeedback and/or hypnotherapy
- Cognitive and vocational therapy
- Complications of body piercing/tattooing
- Complications of noncovered benefits
- Cosmetic or aesthetic surgery and services, except for breast reconstruction following a medically necessary mastectomy in accordance with state and/or federal law
- Costs paid by other organizations – costs/services customarily paid by an employer, the government, biotechnical, pharmaceutical or medical device industry sources or other individuals or organizations including, but not limited to worksite or ergonomic evaluations
- Counseling or behavioral modification services except as stated in the contract
- Court-ordered services – testing, treatment or therapy, except as stated in the contract
- Custodial care, except for limited hospice benefits
- Dental/orthodontic services or supplies
- Dietary/nutritional supplements – all dietary, caloric and nutritional supplements, including, for example, specialized formulas for infants, children or adults or other special foods or diets, even if prescribed by a physician or other eligible provider, except as stated in the contract
- Environmental medicine
- Fees other than for medically appropriate in-person, direct patient treatment, tests, services, medications, supplies or equipment
- Fertility or infertility treatment, drugs or procedures
- Foot care
- Genetic/chromosome testing and screening
- Government services – services available under a governmental health program
- Growth hormone(s) – Growth hormone except as determined medically necessary by BCBSAZ to treat diagnostically proven growth hormone deficiency. Growth hormone(s) to treat Idiopathic Short Stature (ISS) is expressly excluded
- Hearing services or devices
- Investigational treatments, procedures, equipment, drugs, devices or supplies, as determined by BCBSAZ and only as required by Arizona law
- Lodging and meals
- Medications dispensed in a physician's/provider's office – prescription medications and over-the-counter medications, including pharmaceutical manufacturer's samples, dispensed to the patient in a physician's/provider's office by any mode of administration
- Nonmedically necessary services as determined by BCBSAZ. BCBSAZ may not be able to determine medical necessity until after services are rendered
- Normal maternity services
- Over-the-counter drugs – any drug, medicine, device, equipment or supply (except for certain diabetic supplies and inhaler spacers, as described in the pharmacy benefit), that is lawfully obtainable without a prescription
- Personal comfort items
- Routine vision exams
- Screening tests, except as stated in the contract
- Services from family member(s) – services that are provided by an eligible provider who is a member of your immediate family, or services for which you have no legal obligation to pay
- Services without a prescription, when a prescription is required
- Services of ineligible providers
- Services not requiring licensed professional
- Services or supplies delivered prior to the coverage effective date or after coverage termination date
- Services or supplies related to or associated with a noncovered service or supply
- Sexual dysfunction – evaluation and/or testing, diagnosis, treatment (surgical or nonsurgical), or medication or devices for sexual dysfunction, regardless of the cause of the condition, including trauma
- Smoking cessation programs, medications, aids or devices
- Telephonic or electronic consultations
- Therapy services, except as stated in the contract
- Training and education, except for certain diabetes and asthma training or training related to BCBSAZ-established disease management program(s)
- Transplants (organ, tissue, bone marrow/peripheral stem cell rescue procedures) not approved by BCBSAZ; nor high-dose chemotherapy, radiation administered in conjunction with a noncovered transplant, expenses related to donation of an organ to a recipient who is not covered by BCBSAZ
- Transportation services or travel expenses, except for covered ambulance services and covered transplant travel benefits
- Transsexual treatment or surgery, and/or any related services
- Treatment for behavioral or mental health conditions at nonacute facilities (e.g., residential, skilled nursing)
- Vision therapy, radial keratotomy, all types of refractive keratoplasties, eyeglasses and contact lenses and the vision examination for prescribing and fitting of the same
- Vitamins – except for certain vitamins when a prescription is written by a physician
- Waivered conditions
- Weight loss/gain therapy or treatment
- When a provider is also the covered person, services rendered by that provider for him/herself are excluded from coverage
- Workers' Compensation – services for an illness or injury covered by Workers' Compensation or similar benefits, unless you are exempt from such coverage or have made a statutory opt-out election

AN 11-MONTH WAITING PERIOD FOR PRE-EXISTING CONDITIONS APPLIES. A pre-existing condition is defined as a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months before your effective date. Services for pre-existing conditions are not covered until 11 months after the contract effective date.